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10/04/2004

L.G. ALMEDA BRINKS HOFER GILSON AND LIONE PO BOX 10395 CHICAGO, IL 60610

11/23/2004 DEMMANU2 00000100 09848742

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01 FC:1501 02 FC:1504 1370.00 OP 300.00 OP

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Lawrence (G. Almeda	(Depositor's name
X. La	2	(Signature
November 1	8, 2004	(Date

TOTAL FEE(S) DUE

DATE DUE

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APPLICATION NO. FILING DATE		FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	09/848,742	05/03/2001	Scott E. Boatman	PA-5259-RFB	8028	

TITLE OF INVENTION: MEDICAL DEVICE INCLUDING UNITARY, CONTINUOUS PORTION OF VARYING DUROMETER

ISSUE FEE

nonprovisional	NO	\$1370		\$300	\$1670	01/04/2005	
EXAMI	EXAMINER ART U		r	CLASS-SUBCLASS			
WILLIAMS, CATH	HERINE SERKE	3763		604-103010	•		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 registered	nting on the patent front page, list mes of up to 3 registered paten OR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed.	t attorneys 1 & I.I. member a 2 es of up to	KS HOFER GILSON	
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Cook Inco	orporated			Bloomington, Ind	liana		
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are en	nclosed:		Payment of	` '			
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a. Applicant claims SM	IALL ENTITY status. See 3	7 CFR 1.27.	🖬 b. Applic	cant is no longer claiming SMA	LL ENTITY status. See 37	CFR 1.27(g)(2).	
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Authorized Signature	X. LO			_ DateNO	vember 18, 200	04	
Typed or printed name	Lawrence G. A	lmeda		Registration	No. <u>46,151</u>		
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